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ABSTRACT

This paper describes a framework for counselors that will help them classify personal and social problems of clients for base-line and end-line comparisons. Counseling's goal, as presented here, is to help individuals for a lifetime; therapy is not seen as the giving of advice or solutions, but as a teaching process through which clients become both personally responsible and able to solve their problems. This model offers a way to help clients discover the content within themselves while counselors guide them in the selection of the appropriate problem-solving steps and actions. Since counseling focuses on change, a goal is needed for the client. Once a goal is established, then progress toward that goal can be measured and changes that occur over time in the client's classification can be documented and evaluated. The classifications and numerical measurements of the Axis I-V categories of the DSM provide a useful intake base-line and a discharge end-line for the documentation of client problems. The comparison of the base-line and end-line shows the level of the client's progression or regression over a given time. (RJM)

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PROBLEM CLASSIFICATION IN COUNSELING

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I. INTRODUCTION

Henry abuses drugs. He knows he needs a trained counselor that will be able to help him through his problems into sobriety.

The purpose of this paper was to develop a framework for counselors that will help them classify personal and social problems of clients for base-line and end-line comparisons. Changes that occur over time in the client's classification can then be documented and evaluated.

Counseling may be defined as an interactive relationship between client and counselor that leads to behavioral changes in the client. The counselor helps the client solve. his or her own problem. Counseling is feeling-sensitive, nonjudgmental, empathic, and reality-based.

An old Chinese proverb reads like this: "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." Counseling as presented in this paper is to help individuals for a lifetime. Thus counseling is not seen as the giving of advice or solutions, but as a teaching process through which the client becomes personally responsible and able to solve his own problems. This change-process deserves documentation.

The Sand-rock Helping Model in Figure 1 highlights not only the four phases of counseling, but also the behavioral science approach to helping.

According to this model, both the client and the counselor start off as learners, in what may be called the shifting sand. The client has a problem, the counselor does not know the client nor his or her background and problem. Both have to learn. Both start out, as it were, in the sand.

The counselor, skilled in attending and responding skills, can find out and understand what he needs to know in order to help. This may be the stepping on the solid rock.

The client learns to personalize and face his problem and reaches the gravel, that gives him some support. Then as the client initiates and completes the planned

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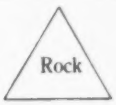
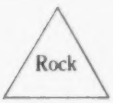
action, he too reaches the rock.

In this model, the client discovers the content within himself, the counselor guides in the selection of the appropriate problem-solving steps and actions. The client's domain is content, the counselor's domain is method.

At least this is the general idea. In actuality, there may be much backtracking and the rock may never be as solid as expected. Neither the client nor the counselor fully know or fully understand. But, within human limitations, the model works (Carkhuff and Anthony 1979).

FIGURE 1. SAND-ROCK HELPING MODEL

Instruction: The model is read from the bottom up.

	Client	Counselor
4. Initiating Action		
3. Personalizing problem and goal (Defining the problem, setting reachable goals)	Gravel	
2. Responding to meanings and feelings (Reality testing and evaluation of perceptions)	Sand	
1. Attending by listening and observing	Sand	Sand

II. PROBLEM CLASSIFICATION

Counseling focuses on personal behavior change. Thus a general understanding of a situation is not enough. The counseling relationship is to lead to specific outcomes described in a goal statement. The personalizing process leads the client to face up to the problem and his feelings, and to develop a specific reachable goal.

Here the problem-solving process really begins. Because the client often has so many emotional and reasoning problems, it takes the responding process to prepare for the personalizing of the problem and the goal. In order to solve a problem, it must be clearly stated. Then, a goal or objective needs to be developed. The next step will deal with the steps that make it

possible to reach the goal.

To personalize, a review of the meanings associated with the situation is needed. Then the problem is clearly stated. The problem statement may be based on one of the categories of the Diagnostic and Statistical Manual of Mental Disorders (1987). While the problem may not deal with a mental disorder, the manual provides a broadly accepted framework for problem classification, that is designed and appropriate also for personal and social problems.

The DSM-III-R (1987) is one of the present standards for personal and social problem classification. Since it is the accepted standard for diagnosis of the American Psychiatric Association, it is widely used by psychiatrists. They deal not only with personal and social problems, but also with related mental disorders.

Two tables were developed and are presented here to assist counselors in base-line and end-line problem classification.

Table 1 features Axis I of the DSM-III-R (1987) that includes both mental disorders and personal and social problems. Personal and social problems are categorized in what is commonly called the "V-Codes". The V-Codes are quite general and do not provide for accurate classification. The author developed the form and specific sub-categories, listed as "A", "B", etc. These sub-categories identify specific areas, and thus make the classification more accurate. Further, each mental disorder and personal and social problem is evaluated on a five-point scale. The change in this evaluation over time presents the progress or regression of the client between the intake and the discharge.

Table 2 presents the remaining Axis II, III, IV, and V of the DSM-III-R (1987) classifications. The form was developed by the author, the categories are all from the DSM-III-R.

TABLE 1. AXIS I CATEGORIES, DSM-III-R (APA 1987)

Direction: Mark each category and connect the points.

Axis I		1 0	2 Partial in Remission	3 Mild	4 Moderate	5 Severe
MENTAL DISORDERS*						
303.90	Alcohol dependence 3-early, 4-middle or 5-late stage					
305.00	Alcohol abuse					
304.XX	Drug dependence					
305.XX	Drug abuse					
XXX.XX	Other_____					

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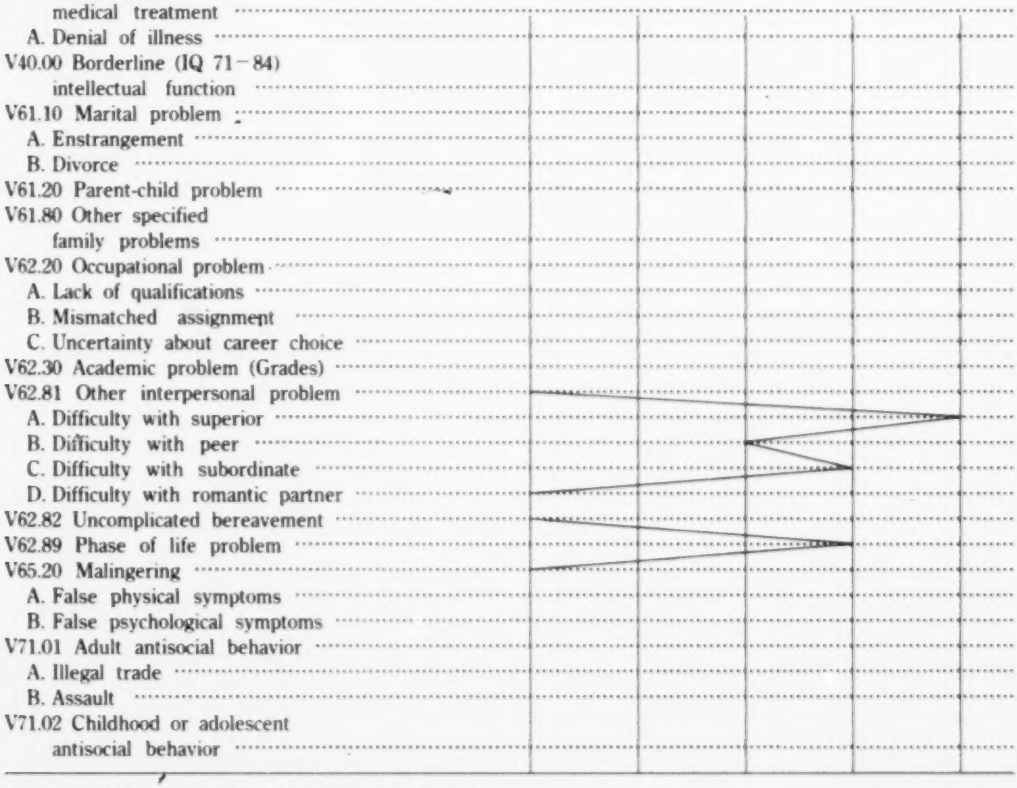
PERSONAL AND SOCIAL (Primary or Underlying) PROBLEMS:



* State specific category as diagnosed by a physician.

TABLE 2. AXIS II-V CATEGORIES (DSM-III-R 1987)

AXIS II. Personality Disorder (as diagnosed by physician) V 71.09

When not specified, then V71.09 No diagnosis on Axis II.

AXIS III. Physical Disorders or Conditions
(As diagnosed by physician) 0

AXIS IV. Severety of Psychosocial Stressors: 1.7 (overall)

Code 1···None
Code 2···Mild
Code 3···Moderate
Code 4···Severe
Code 5···Extreme
Code 6···Catastrophic
Code 7···Inadequate information, or no change in condition.

TYPES (list specifics and circle the appropriate severity code)

a. Conjugal (marriage)	1	②	3	4	5	6	7
b. Parenting ·····	1	②	3	4	5	6	7
c. Other interpersonal	1	2	3	④	5	6	7
d. Occupational ·····	①	2	3	4	5	6	7
e. Living circumstances	①	2	3	4	5	6	7
f. Financial ·····	1	②	3	4	5	6	7
g. Legal ·····	①	2	3	4	5	6	7
h. Developmental ·····	1	②	3	4	5	6	7
i. Physical illness or injury	①	2	3	4	5	6	7
j. Other psychosocial stressors	①	2	3	4	5	6	7
k. Family factors (type for children)	1	2	3	4	5	6	7

AXIS V. Global Assessment of Functioning (current, past year)

81－90 Absence or minimal symptoms.
71－80 If symptoms are present, they are transient or expected.
61－70 Some mild symptoms.
51－60 Moderate symptoms.
41－50 Serious symptioms.
31－40 Some impairment in reality testing and communication.
21－30 Serious impairment in communication and judgment.
11－20 Some danger of hurting self or others.
1－10 Persistent danger of severely hurting self or others.
0 Inadequate information.

Global Assessment of Functioning (GAF) Scale 71

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TABLE 3. EXAMPLES OF DSM-III-R MULTIAXIAL EVALUATION RECORDS

Example 1

Axis I : 303.90 Alcohol Dependence, Late stage
Axis II : 301.60 Dependent Personality Disorder (Provisional, rule out Borderline Personality Disorder)
Axis III : Alcoholic Cirrhosis of Liver
Axis IV : Psychosocial stressors: anticipated retirement and change of income and in residence, with loss of contact with friends
Severity: 3 - Moderate (predominately enduring circumstances)
Axis V : Current GAF: 42
Highest GAF past year: 54

Example 2

Axis I : 307.42 Primary Insomnia
Axis II : V71.09 No diagnosis on Axis II
Axis III : None
Axis IV : Psychosocial stressors: financial difficulties, unable to keep up on credit payments
Severity: 3 - Moderate (predominately enduring circumstances)
Axis V : Current GAF: 57
Highest GAF past year: 66

Example 3

Husband:
Axis I : V61.10 Marital Problem
Axis II : Narcissistic personailty traits
Axis III : Vitamin B12 deficiency
Axis IV : Psychosocial stressors: conjugal and parenting, conflicts in marriage and with child
Severity: 2 - Mild
Axis V : Current GAF: 70
Highest GAF past year: 62

Wife:
Axis I : V61.10 Marital Problem
Axis II : V71.09 No Diagnosis or Condition
Axis III : None
Axis IV : Psychosocial stressors: conjugal, conflict in marriage
Axis V : Current GAF: 76
Highest GAF past year: 80

III. COMPARISON OF PROBLEM CLASSIFICATIONS OVER TIME

The measurement design calls for completion of Tables 1 and 2 at the beginning of the counseling relationship (intake) and at a specified time later on in the counseling process. The differences in the data document the progress or regression of the client in the given time-period.

Taking the first example in Table 3 as the base-line, the end-line after a three-month period may look as

follows:

Axis I : 303.90 Alcohol Dependence, Late stage
Axis II : V 71.09 No diagnosis on axis II
Axis III : Alcoholic Cirrhosis of the liver
Axis IV : Psychological stressors: anticipated retiremnt and change of income and of residence, with loss of contact with friends
Severety: 2-Mild
Axis V : Current GAF: 52
Highest GAF past year: 54

In this case, recovery may not be a realistic goal. Thus the goal may be a noticable reduction of the other problems.

It may be noted from the above data, that the client is making some progress toward that goal.

Ⅳ. SUMMARY AND CONCLUSION

The counseling process, as presented in this paper, consists of four major steps. The counselor and the client move together through the initial relationship to the implementation of actions designed to solve the stated problem. The emphasis is on the client and his solving of his problem; the counselor is the helper. The counselor cannot force, bully, or pressure the client to help himself. In the counseling process, the client learns new skills and insights that help him or her act in ways that overcome the problem.

The classifications and numerical measurements of the Axis I-V categories of the DSM (1978) provide a useful intake base-line and a discharge end-line for the documentation of the problems of the client. The comparison of the base-line and end-line shows the level of the client's progression or regression over the given time.

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